

GENERAL

Idaho EMS Guidelines



IDAHO TRAUMA IDENTIFICATION BAND

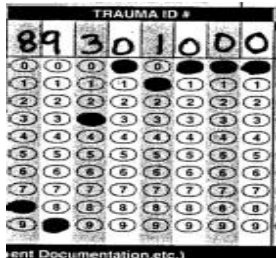
INDICATIONS:

- The patient is traumatized or injured regardless of the mechanism of injury
- AND
- The patient will be transported to a hospital
- OR
- The patient will be transported to the Morgue or Coroner's facility

CONTRAINDICATIONS:

- The patient does not complain of or display evidence of injury or trauma
- The patient already has an Idaho Trauma Band or a Trauma Band from another state (i.e., Oregon, Washington)
- The patient refuses pre-hospital care and transport

1. The first arriving EMS Agency that performs patient assessment, treatment and/or resuscitation measures should attach the *Idaho Trauma Identification Band*.
2. If the patient displays evidence of trauma, either based on complaint or by assessment, and will be transported to either a hospital for treatment, or the Morgue or Coroner's facility, the first arriving EMS agency will place one *Idaho Trauma Identification Band*, in plain view, on either arm at the wrist, or either leg at the ankle.
3. Mechanisms of injury may include, but are not limited to any act that damages, harms, or hurts; unintentional or intentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.
4. If any doubt about the necessity of the *Idaho Trauma Identification Band* or if it is questionable that the patient meets the criteria, place a band on the patient.
5. Each patient will receive only one Trauma ID Band.



6. When you use an Idaho Trauma ID Band, you must document the six (6) digit ID number from the ID Band on the *Patient Care Report*. **Trauma bands may be obtained at your regional EMS office.**

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.